

**School of Dentistry  
University of Washington  
Questionnaire to Applicants for Postdoctoral Training**

## Applicant Information

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Name (Last, First, Middle)	<input type="text"/>		
Permanent Address	<input type="text"/>		
City, State	Country	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Present Address (if different)	<input type="text"/>		
City, State	Country	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number	E-mailaddress <input type="text"/>		
<input type="text"/>	<input type="text"/>		

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Are you a United States  
citizen or non-citizen  
national?

Yes ☐  
No ☐

If not a U.S. citizen, are you a  
permanent resident?

Yes ☐  
No ☐

If you have a clinical degree,  
in what states, if any, are you  
licensed to practice?

Where do you intend to  
practice or teach?

## Prior Academic History

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List names of all collegiate schools attended, order of attendance. Also include residencies and experience with military and/or federal corps.

1. College or School Name

Location: City, State, ZIP code

Attended From/To

2. College or School Name

Location: City, State, ZIP code

Attended From/To

**3. College or School Name**

**Location: City, State, ZIP code**

**Attended From/To**

**Additional training: Where? When?**

**Research experience, grants, publications, presentations: (Limited to 3200 characters)**

Academic or professional honors received:

Have you applied previously?

Yes

No

☐

☐

If yes, when?

Are you in private practice?

Where? When? What field?

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Please indicate how and when you became interested in graduate or postgraduate work, and by whom you were advised to seek training at the University of Washington. (Limited to 1600 characters)

**Have you had any teaching experience? Where? When? How long? What did you teach? What was your role?**  
**( Limited to 1600 characters)**

**What are your long-term career goals? Describe what you would like to accomplish during postdoctoral training (including any graduate degrees you wish to pursue) and indicate how this will help you achieve your goals.**  
**(Please limit your response to 3200 characters)**

**Diversity Experience Statement:**  
Please describe a situation in which you had to work across social differences to accomplish a goal, or a time when you were different from those around you. What did you learn? What might you consider doing differently if you encountered a situation like that again? Please limit response to 3200 characters

When is the earliest date  
you anticipate being able  
to start the postdoctoral  
fellowship?

Names, addresses, and ZIP codes of three professional references:

**Reference # 1**

Name

Address

Phone No./ E-mail

**Reference # 2**

Name

Address

Phone No./ E-mail

**Reference # 3**

Name

Address

Phone No./ E-mail

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**Applicant:**

1. Please elect to waive or retain your right of access on the top of the Evaluation form and provide one evaluation form to each of the three above-listed professional references OR request your professional reference submit a reference letter directly to [dentres@uw.edu](mailto:dentres@uw.edu)
2. Please enclose a current CV with this application
3. Please enclose an academic transcript with this application from the institution where you earned your doctoral degree (e.g., PhD, dental degree, medical degree).
4. Please request a statement from your prospective mentor that confirms their willingness to accept you in their research group (can be sent in directly by mentor via email)

Date of Application: \_\_\_\_\_ (Signature of Applicant) \_\_\_\_\_

This opportunity is open to all eligible persons regardless of race, sex or other identity.

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**NOTE TO APPLICANT:**

This form should be sent via e-mail to [dentres@uw.edu](mailto:dentres@uw.edu). Once you have completed filling out this form. If you are unable to save as PDF, please print it, take a picture of it, or scan it back to digital file form, and email it.